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(Re	equestor's Name)	<del></del>
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Special Instructions to	Filing Officer:	

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OSSIZER I. SCOTT



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# COVER LETTER

TO: New Filing Sec Division of Con			
SUBJECT:	2435 /v Name of Lim	oldings, Lh ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Joh	in Will	
		Name of Person	
	24	35 Nolding	s, LLC_
		,	
	398	E DANIA	Beach Bluet \$135
		Address	
<u></u>	PAN	ity/State and Zip Code	33004
	ON/ 53/@/	ity/State and Zip Code <b>10/. C</b> 0/17 for future annual report notificati	
For further information co	ncerning this matter, please	call:	
John Nam		154 ) 274-8, rea Code Daytime Telephon	
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address	Street Address New Filing Section Di	vision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DT.	161	L C	r _	No	me:
Α.	ĸı	и	l . f.	-	2.7.21	mie:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

398 E. DANIA Boh Blud

-135

DANIA Beach, F1 33004

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John Will Name

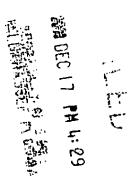
Florida street address (P.O. Box NOT acceptable)

Dania boh 71 33004

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1 /1
MER	JUHN NILL
	398 & Dane Del Blul = 135
	DANIA BOL 7 & 33004
<del></del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	date of tiling:
If an effective date is listed, the date must b	date of filing:
ne date of filing.) Note: If the date inserted in this block does t	not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Departn	
ARTICLE VI: Other provisions, if any.	
TWITE II. VI. One provisions, it my.	
<u> </u>	
<del></del>	.2/-
REQUIRED SIGNATURE:	
	a member or an authorized representative of a member.
This document is ex	Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State
	egree felony as provided for in s.817.155, F.S.
	John 4/: //
<del></del>	Typed or printed hame of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)